REMARKS

I. Summary of Office Action

Claims 1-11 and 14-27 were pending in this case.

The Examiner has rejected claims 1, 15 and 16 under 35 U.S.C. § 102(b) as anticipated by Wilk U.S. patent 5,429,144 (hereinafter "Wilk"). The Examiner has rejected claims 14 and 17 under 35 U.S.C. § 103(a) as obvious over Wilk in view of Yoon et al. U.S. patent 5,800,394. Claims 18-27 have further been rejected under 35 U.S.C. § 103(a) as obvious over Wilk.

II. Applicants' Reply

Applicants have canceled claim 15 without prejudice, and have amended claim 1 in order to more particularly define the invention. The amendment to claim 1 is fully supported by the specification. The Examiner's rejections are respectfully traversed.

Applicants' invention, as defined by amended claim 1, is directed towards an instrument for creating an aperture through a side wall of a patient's tubular body organ structure. The instrument includes an elongated guide structure that is longitudinally insertable into the tubular body organ structure from a point of insertion to a remote point where the aperture is to be created. The instrument also includes a longitudinal structure guided by and longitudinally movable relative to the guide structure.

The distal portion of the longitudinal structure is adapted to be able to penetrate the side wall, and is resiliently biased to deflect laterally toward the side wall when released from guidance by the guide structure. In addition, both the elongated guide structure and longitudinal structure are deflectable toward the side wall at the remote point.

Wilk is directed to methods and apparatus for performing coronary artery bypass surgery. In particular, an expandable stent is inserted into a patient's myocardium or heart wall using a catheter assembly. The expandable stent is used to create at least a partial blood flow path from the heart to a clogged coronary artery. *See* Wilk, col. 1, l. 51 - col. 4, l. 41.

Applicants respectfully submit that independent claim 1, as amended, is not anticipated or rendered obvious by Wilk because Wilk does not show or suggest a longitudinal structure having a distal portion that is resiliently biased to deflect laterally toward the side wall when released from guidance by a guide structure. Rather, Wilk shows in FIGS. 3B, 5A and 6A that perforations in the heart wall are made using either a surgical drill, needle or wire in combination with a catheter having a steerable distal tip. The steerable catheter tip is used to "controllably orient [the tip] to face [the heart wall]." The surgical drill, needle and wire in Wilk are

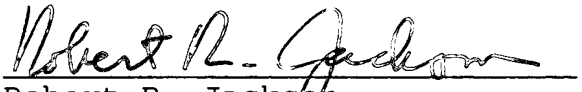
therefore guided by the steerable catheter tip, in that the perforation created in the heart wall by the use of these instruments is based substantially on the positioning of the catheter tip. Nowhere does Wilk teach or suggest a longitudinal structure having a distal portion that is resiliently biased to deflect laterally toward the side wall when released from guidance by the guide structure as is claimed by applicants. *See* Wilk, col. 5, l. 66 - col. 7, l. 57 and FIGS. 3B, 5A and 6A.

For at least the foregoing reasons, applicants submit that claim 1 -- and claims 14 and 16-27 depending therefrom -- are allowable, and accordingly request that the rejections of these claims be withdrawn.

IV. Conclusion

In view of the foregoing, applicants submit that this application, as amended, is in condition for allowance. Reconsideration and allowance of this application are respectfully requested.

Respectfully submitted,



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